

HHSC Network Access Request Form

Instructions: Please fill out all applicable sections of this form. IT staff will use the information you provide below to create/modify an employee's network, electronic mail and/or PeopleSoft access. Inaccurate or incomplete information may delay your request.

Section 1 – Employee Identification			
Last Name	First Name	MI	Employee ID
Unit/Division	Location	Phone	SSN
Title/Position		Effective Date for Access	
Previous HHSC Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what Unit/Division?	
Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Intern <input type="checkbox"/> Temporary/Volunteer		If user is an Intern or Temp/Volunteer, on what date should this account be disabled? Date:	

Section 2 – Network and Application Access
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Type of Action: <input type="checkbox"/> New User Account <input type="checkbox"/> Modify Existing User Account <input type="checkbox"/> Delete User Account		
Standard Applications: All users will have access to the following Applications: Microsoft Office: Word, Excel, Access, PowerPoint, Outlook AntiVirus, Adobe Acrobat Reader Email Group: <input type="checkbox"/> DL DSHS RGSC_SH <input type="checkbox"/> DL DSHS RGSC_SSLC	Specialized Applications: <input type="checkbox"/> Visual Scheduler <input type="checkbox"/> Practice Partner * <input type="checkbox"/> Avatar PM / CWS * <input type="checkbox"/> LIS <input type="checkbox"/> CAFM * <input type="checkbox"/> Right Fax <input type="checkbox"/> CARE <input type="checkbox"/> WORx * <input type="checkbox"/> MIMS <input type="checkbox"/> Other _____ Note: Applications with a " * " require additional forms.	PeopleSoft: Unique Username: _____ <input type="checkbox"/> Accounting System <input type="checkbox"/> Time Management <input type="checkbox"/> Other (specify): _____ _____

User needs access to the following folder(s):

User's file access should be molded after the following individual:

Section 3 – Authorization

Employee's Name	Employee's Signature	Date
Supervisor's Name	Supervisor's Signature	Date
Facility Automation Manager's (FAM) Name	Facility Automation Manager's (FAM) Signature	Date

Section 4 – IT Routing and Status Information

Date Received	Received by	Request Status <input type="checkbox"/> Pending <input type="checkbox"/> Completed <input type="checkbox"/> Returned for Additional Information	
Assigned Username	Temporary Password	Default Printer	HHSC Asset ID #
Requested Completed by	Date Completed	Received Signed Computer User Agreement (AP-111) <input type="checkbox"/> Yes <input type="checkbox"/> No	